



Regional Institute for Scholastic Excellence

July 2018

Welcome to the 2018-2019 school year, and thank you for expressing interest in placing your student with the R.I.S.E. program. We are excited about our ongoing partnership with your district, and we are committed to providing your students with a meaningful, structured, alternative education. For your convenience, we have provided a snapshot of the directions to apply for enrollment below. A checklist of all required information and complete instructions is provided in this intake packet.

Once you have determined that the R.I.S.E. program may be an appropriate placement for your student, an intake packet must be completed and e-mailed, faxed, mailed, or hand delivered to the R.I.S.E. intake coordinator.

The intake packet can be accessed at www.s-cook.org/WordPress/wp-content/uploads/intake-Packet.pdf. Follow the R.I.S.E. link to "Link to Placement." Please download the intake packet for the current school year. This is the only packet that should be submitted. In order to consider a student for enrollment, the intake packet must be completed in its entirety and ALL requested information must be provided before an intake meeting will be scheduled.

Information and R.I.S.E. intake forms required before scheduling an intake meeting:

- Parent release of information. **This form must be signed by the student's parent before you can release any information regarding the student to R.I.S.E.**
- Completed Supplemental/ Current Health Information forms

- Copy of student's most current physical including immunization record
- Completed Grades in Progress Form
- Student attendance record
- Copy of Free and reduced lunch form

Complete the following forms:

- School Information
- Student Identifying Information – *Student State Identification Number (SIS) must be included*
- Student Discipline History
- Special Education History
- Complete anecdotal discipline record

When all of the above information has been reviewed by R.I.S.E staff, the intake coordinator will set up an intake conference. A district representative must attend the intake meeting along with the student and the student's parent/guardian.

We look forward to a meaningful, collaborative partnership with you. As always, should you have any questions, please do not hesitate to let us know.

Sincerely,

Dr. Vanessa J. Kinder
Executive Director

Dr. Vanessa J. Kinder
Executive Director
South Cook ISC4

www.s-cook.org/rise

CHICAGO HEIGHTS CAMPUS

Kenneth Peterson, Principal * TBD, Dean
Princess Hill, Secretary

405 Ashland Avenue
Chicago Heights, IL 60411
ph. 708-756-2834 * fax 708-756-9805

WORTH CAMPUS

Jana Montesdeoca, Principal * Neil Gonzales, Dean
Sherie Nunnally, Secretary

11218 S. Ridgeland Avenue
Worth, IL 60482
ph. 708-671-0935 * fax 708-671-1014



Regional Institute for Scholastic Excellence

Directions to Apply for Enrollment

A PROGRAM AGREEMENT SIGNED BY THE DISTRICT SUPERINTENDENT MUST BE ON FILE.

The student must be present at the intake meetings.

When all of the listed information has been received, it will be reviewed by the Regional Institute for Scholastic Excellence staff and you will be contacted regarding the student's placement date.

If anyone other than a parent/guardian and home school representative will be attending the intake meetings, please indicate the name and their role below.

Name: _____ Position: _____

Name: _____ Position: _____

Please call either campus for assistance:

Chicago Heights Campus: *Kenneth Peterson, Principal*
TBD, Dean
Princess Hill, Secretary
Tim Keane, Behavioral Specialist
405 Ashland Avenue
Chicago Heights, IL 60411
(708)756-2834; FAX (708)756-3476; FAX (708)756-9805

Worth Campus: *Jana Montesdeoca, Principal*
Neil Gonzales, Dean
Sherie Nunnally, Secretary
Kim Gillett, Social Worker
11218 S. Ridgeland Avenue
Worth, IL 60482
(708) 671-0935; FAX (708)671-1014

* Students will not be considered for intake until all required information is submitted for review.



Regional Institute for Scholastic Excellence

Eligibility Criteria

Direct all requests for enrollment to the Intake Coordinator, 708-756-2834 Chicago Heights; 708-671-0935 Worth

One or more of the following criteria for eligibility are to be used when recommending a student for the program:

- * suspended at least twice for "gross misconduct."
- * arrested by the police or remanded to juvenile or criminal courts for acts related to school activities
- * involved in "gross misconduct" that can be demonstrated as serious, repetitive, and/or cumulative
- * youth returning from juvenile corrections facilities
- * have pending expulsion hearings

"Gross misconduct" is defined as:

- * use of or possession of weapons or guns
- * sale and/or possession of illegal substances
- * chronic fighting, assault or physical violence
- * arson
- * theft or destruction of property of the school, staff, or other students
- * sexual harassment, harassment and/or hazing
- * gang-related activity
- * insubordination posing imminent danger to the health, safety, and welfare of students and staff
- * repeated and willful behavior of:
 - flagrant or persistent disrespect, verbal assault and/or verbal threats, and/or deliberate attempts to intimidate faculty, staff, sponsors, or students
 - flagrant or persistent disregard for the rules and regulations of the home school



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Intake Packet Necessary Components Checklist

Please e-mail, fax or mail/deliver the following information to the school. **In order to schedule an intake meeting, all requested information must be provided.**

- State Student Identification # (SIS); we cannot schedule an intake without the students' SIS #
- Parent Release signed by parent. This MUST be signed prior to submitting the intake packet
- Completed Supplemental/Current Health Information forms. These MUST accompany intake packet
- Copy of student's most current physical from doctor. Physical form MUST accompany intake packet
- Immunization record

The district must complete in its entirety:

- School and District Information
- Student Identification Information
- Student Discipline History
- Student General History
- Anecdotal records of **all disciplinary** incidents in school relating to the referral to the R.I.S.E program, ie, dean/discipline file including suspensions and interventions
- If student had an expulsion hearing, please submit a copy of the expulsion hearing letter
- Academic Information
 - Transcript (HS students)/Report Card (JH students)
 - Credits earned to date
- The R.I.S.E Current Grades form MUST be completed prior to submission of the intake packet; grades must be shown as percentages
- Student Attendance

An intake meeting will not be scheduled until the intake packet is completed in its entirety.

The most current intake packet can be found online at www.s-cook.org. Only the most current intake packet will be accepted.



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Release of Information

To be completed by parent/guardian and school

FROM:

Name of School or Agency _____

Address _____

City

State

ZIP

This form must be completed and submitted with original signatures before student records will be reviewed.

I hereby authorize the release of permanent and temporary file information, as well as other pertinent information regarding my child.
I further authorize R.I.S.E to allow the home school to meet with my child any time it is deemed necessary.

Student Name

TO:

Regional Institute for Scholastic Excellence
253 W. Joe Orr Road
Chicago Heights, IL 60411

Signature of Parent/Guardian

Date

Signature of School Official

Date



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Required Supplemental/Current Health Information

A copy of the student physical and immunization records must be submitted before student will be allowed to enter the R.I.S.E program. The R.I.S.E program does not have a school nurse on site.

To be completed by parent/guardian

Date of Birth: _____

Student Name: _____

Home School: _____ District: _____

Guardian: _____ Phone: _____

Any disabilities: _____ Any Recent Hospitalizations/Date _____

Has your child ever had a mental health assessment? Yes No

If so, what treatment plan is being followed?: _____

Known documented allergies (list):

Food: _____

Medication: _____

Environmental (Including plants and insects): _____

Does the student have a prescription for an epi-pen? Yes No

Physical Education medical limitations: _____

Has the student been diagnosed with any of the following (please check):

Asthma* Seizure Medication ADD/ADHD Heart Problems

Digestive Disorders Cancer Diabetes- Type* _____

How is it controlled? _____

Pregnancy: Documentation with expected due date required

Failure to disclose any known medical information could result in dismissal from the R.I.S.E. Program.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Home School Representative: _____ Date: _____

Information may be shared with appropriate personnel for health and educational purposes.

Signature of Parent/Legal Guardian: _____ Date: _____

In cases of in-patient placement, students will not be readmitted until a meeting is held with the RISE staff, the student's family, and the homeschool.
Form to be signed at time of intake

Current Medical conditions requiring medication (list):

Condition	Medications
_____	_____
_____	_____
_____	_____



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Required Supplemental/Current Health Information - Part 2

A copy of the student physical and immunization records must be submitted before student will be allowed to enter the R.I.S.E program. The R.I.S.E program does not have a school nurse on site.

To be completed by parent/guardian

STUDENTS WHO HAVE ALLERGIES REQUIRING AN EPI-PEN

- As per Self-administration and self-carry of medications for asthma and allergy (Public Act 97-0361 and Public Act 98-0795)
- All students are required to have a current prescription for their Epi-Pen.
- STUDENTS WITH A CURRENT PRESCRIPTION for an Epi-Pen shall have it with them EVERYDAY.
The medication will be in the original labeled container as dispensed or the manufacturer's labeled container WITH the students' name.
- **** Please Note: If your student requires the use of the Epi-Pen they will be transported to the Emergency Room of the nearest available hospital.**

STUDENTS WHO HAVE A CURRENT DIAGNOSIS OF ASTHMA

- Does the student have a current Asthma Action Plan? Yes No
- **Public Act 099-0843: "Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma.** This plan must be available at intake and kept on file during the student's placement.
- Any and all medications and equipment will be properly labeled.
- Has the student been hospitalized for Asthma? Yes No
- Date of most current hospitalization: _____
- List any pertinent information from that hospitalization: _____

DIABETES

- Type: _____ On set: _____
- What is the current medication and treatment plan-please be specific : _____
- The student will bring the following on the first day of placement and maintain the supplies as needed.
 Glucometer Test strips Lancets Medication and means of administering it (syringes)
- All personal medical equipment as well as medication will be clearly labeled and available on the first day of placement.
Please let us know who we should contact should there be any significant changes in the students current medical condition.

Name: _____

Relationship to Student: _____ Phone: _____



Regional Institute for Scholastic Excellence

School and District Information

To be completed by district/school

School District: _____ School Name: _____

Address: _____
Street City State ZIP

Telephone: _____ Referred by: _____

Email Address: _____

Main School Contact: _____

Telephone #: _____

Email Address: _____

Student Dean (if applicable): _____

Email Address: _____

Counselor (if applicable): _____

Email Address: _____

Bus transportation company to be used: _____

Telephone: _____

Transportation contact person: _____

Telephone: _____



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Teacher Name _____

Start Date _____

Student Identification Information

To be completed by school personnel

FORM MUST BE COMPLETELY FILLED OUT FOR STUDENT TO BE CONSIDERED FOR PLACEMENT

I. Student Name: _____ Date: _____
Last First Middle

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Current Grade: _____ Home School: _____ District: _____

Student is considered 11th grader for PSAE testing Yes No Duration of Placement from _____ to _____

Does student have a senior project requirement? Yes No

Qualifies for Home School Graduation Ceremony Yes No NA State SIS Number _____

We cannot schedule intake meeting without student state identification number (SIS).

Population Group (Check one)

- 1. American Indian/Alaskan Native
- 2. Asian or Pacific Islander
- 3. Black, Not of Hispanic Origin
- 4. Hispanic
- 5. White, Not of Hispanic Origin
- 6. Other _____

II. PARENT/GUARDIAN INFORMATION:

_____ Father Name ___Step (Check if applicable) Mother Name ___Step (Check if applicable)

_____ Legal Guardian Name

Marital Status: ___Married ___Separated ___Divorced ___Mother/Father Deceased

(if separated or divorced, indicate who is the legal guardian and what are the access/restrictions of the non-custodial parent).
Legal documentation must be on file.

ADDRESS: _____
Street (Apt.) City State ZIP

Please place an asterisk (*) by: *Primary Contact *Primary Phone (Please make sure telephone numbers are current)

Home Phone: _____ Cell Phone: _____

Father's Work Phone: _____ ext. _____ Pager/Cell _____

Mother's Work Phone: _____ ext. _____ Pager/Cell _____

Guardian's Work Phone: _____ ext. _____ Pager/Cell _____

E-mail Address: _____

E-mail Address: _____

E-mail Address: _____



Regional Institute for Scholastic Excellence

Student Discipline History

To be completed by school personnel

This form must be completed; please do not just attach the student discipline record

I. REASONS FOR REFERRAL:

Please provide a brief summary of the student's history to the current date. Include copies of all anecdotal referral records that lead to the intake.

Verbal Altercations Disruptive Behavior
(Threatening someone in school, etc.) (Creating problems in school, etc.)

Drug or Alcohol Violations Physical Altercations (Fighting, etc.)

Other Behavior (Explain) _____

II. SCHOOL BOARD ACTION TAKEN:

Discipline: _____

Is placement in lieu of expulsion? Yes No If yes, please provide a copy of the expulsion hearing letter. Expulsion Hearing Date _____

(Check and explain if applicable)

Total Number of Days Suspended: _____ Reasons: _____

Total Number of Expulsions: _____ Reasons: _____

Family crisis within past years: _____

Mental Health Issues: _____

Substance abuse: _____

Police involvement: _____

Other: _____

III. COURT INVOLVEMENT: (Briefly describe)

Juvenile Justice: _____

Probation: _____ Officer Name and Phone: _____

DCFS: _____ Contact Name and Phone: _____

Please provide any other discipline records that may be available.



Regional Institute for Scholastic Excellence

Student General History

To be completed by school personnel

I. SPECIAL EDUCATION:

Does this student have a current IEP? Yes No

To the best of your knowledge, has this student ever had an IEP? Yes No

If yes, what are/were the dates of IEP? _____

Please include a copy of the most current IEP and case study evaluation.

The school has no knowledge of any psychiatric, medical, or special education condition related to this student.

If yes, please explain: _____

II. MENTAL HEALTH:

Social work and/or counseling services? Yes No

Are you aware of any mental health assessments for this student? Yes No

If yes, please describe the treatment plan (if known)? _____

SCHOOL DISTRICT INFORMATION

REFERRED BY: _____ TITLE: _____

PHONE NUMBER: _____

(School Personnel Name – Please Print)

(Signature)

(Title)

(Date)



Regional Institute for Scholastic Excellence

Grades in Progress

To be completed by school personnel

Before a student can be accepted into the R.I.S.E program, the student's current grades **WITH PERCENTAGES** from the beginning of this school year until the student was removed from the referring school must be submitted. This form **MUST** be completed prior to submitting the intake packet.

Student _____

Current Quarter _____ Grade Level _____ Home School _____

Percentage (%) Grade:

Please give the percentage grade for the classes below

Course Name _____

Percentage Grade (%) _____

Course Name _____

Percentage Grade (%) _____

Course Name _____

Percentage Grade (%) _____

Course Name _____

Percentage Grade (%) _____

Course Name _____

Percentage Grade (%) _____

Course Name _____

Percentage Grade (%) _____

District recommends placement of student in the following computer based courses _____, _____, _____, _____.

Other courses taken:

Percentage (%) Grade:

Please give the percentage grade for the classes below

____ Course _____

____ Course _____

____ Course _____

Are there any special requirements for graduation? If so, please explain:

All junior students are required to take the PSAE. It is the district/school responsibility to administer the PSAE.

Constitution Test Grade _____



Regional Institute for Scholastic Excellence

Change of Address/Phone

Change in your address or phone numbers must be reported within one week to the R.I.S.E. Office.

Student Name (printed): _____

Student Name (signature): _____

Parent Name (printed): _____

Parent Name (signature): _____

Date: _____

New Address: _____
Street City State ZIP

New Telephone #: _____

Additional Telephone #: _____